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SCHEDULE A (FEC Form 3)				FOR LINE NUMBER: PAGE 103 OF 698		
ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the	(check only one)		
			Detailed Summary Page	11a 11b 11c 11d 11d 12 13a 13b 14 15		
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contribution or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.						
	NAME OF COMMITTEE (In Full) Friends of Joe Heck					
Α.	Full Name (Last, First, Middle Initial) Ronnie Martin	Date of Receipt				
	Mailing Address 100 Waterton Drive	07 23 2015				
	City Lynchburg	State VA	Zip Code 24503	Transaction ID : 50723.C62604		
	FEC ID number of contributing federal political committee.		<u> </u>	Amount of Each Receipt this Period		
	Name of Employer Liberty University	Occupation Physician		1000.00 Receipt		
	Receipt For: 2016 Primary General	Election Cy				
	Other (specify)		1000.00			
— В.	Full Name (Last, First, Middle Initial) John Crosby			Date of Receipt		
	Mailing Address 222 North Columbus #5203			07 23 2015		
	City Chicago	State IL	Zip Code 60601	7 23 2015 Transaction ID : 50723.C62590		
	FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period		
	Name of Employer	Occupation		500.00		
	AOA	Executive Dir	rector	Receipt		
	Receipt For: 2016	Election Cyc	cle-to-Date			
	Primary General Other (specify)		500.00			
<u>.</u> С.	Full Name (Last, First, Middle Initial) Scott Cyrus		Date of Receipt			
	Mailing Address 8803 South 101st East Avenue #200			الممممية المرتمية		
	City	State	Zip Code	7 23 2015 Transaction ID : 50723.C62632		
	Tulsa	OK	74133	1141134011011 ID . 39123.002032		
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period		
	Name of Employer Children & Adolescent Medical	Occupation Physician		500.00 Receipt		
	Receipt For: 2016	Election Cyc	le-to-Date	receipt		
	Primary General Other (specify)		500.00			
SI	JBTOTAL of Receipts This Page (optional)	2000.00				
	OTAL This Period (last page this line number of					